



Alcohol and Other Drug Abuse Advisory Council

ANNUAL REPORT 2010-2011

Montgomery County Government Department of Health & Human Services

The goal of the Alcohol and Other Drug Abuse Advisory Council (AODAAC) is to express the view of the community in the formulation and administration of alcohol and other drug abuse prevention and treatment services in Montgomery County. Members of the Alcohol and Other Drug Abuse Advisory Council serve as community representatives, who provide guidance to the County Executive and the County Council in identifying prevention and treatment needs and reviewing the county's efforts in addressing those needs. The Advisory Council will make recommendations in support of, or to improve, current prevention and treatment efforts.

The AODAAC also serves as the local drug and alcohol abuse council and submits a bi-annual strategic plan to the State Alcohol and Drug Abuse Administration.

- **Prevention Works**
- **Treatment is Effective**
- **People Recover**
- **Early detection and timely treatment saves lives and resources**
- **Behavioral Health is Essential to Overall Health**

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National
Recovery Month
Prevention Works • Treatment is Effective • People Recover
SEPTEMBER 2011



Letter of Transmittal to:

Honorable Isiah Leggett, Montgomery County Executive
Honorable Valerie Ervin, President, Montgomery County Council
Uma S. Ahluwalia, Director, Montgomery County Department of Health and Human Services

The Alcohol and Other Drug Abuse Advisory Council is pleased to submit its 2010-2011 Annual Report.

The AODAAC is comprised of a group of committed citizens, representing a wide range of backgrounds and interests, whose goal is to keep the County Executive, County Council, and the Director of the Department of Health and Human Services (DHHS) informed of pertinent alcohol and other drug abuse issues within Montgomery County.

Pursuant to the AODAAC By-Laws, Bill 40-91 (1991), Bill 7-95 (1995), this advisory council is mandated on an annual basis: to identify local alcohol and other drug abuse program needs, to review the county submission to the State of Maryland Alcohol and Other Drug Abuse Plan, to make recommendations to the state Alcohol and Drug Abuse Administration regarding that plan, to issue an annual report to the County Executive, County Council, and the Director of Health and Human Services regarding the Council's view of the needs of the alcohol and drug abuse prevention and treatment system in the county, to evaluate the progress, and identify the actions necessary to improve local alcohol and drug abuse prevention and treatment programs.

Given the current economic climate, the Advisory Council continues to advocate for Montgomery County resources to maintain adequate funding to support both substance abuse prevention and treatment continuums.

One of the primary concerns for many of the Boards, Commissions and Committees (BCC) is the need to maintain or increase services for County youth. One of the AODAAC's key issues has been the lack of adequate prevention programs for youth in grades K-12.

Federal funding for the MCPS, Safe and Drug Free Schools (SDFS) Program was the only source of funding for school-based drug and violence prevention that directly targeted youth in grades K-12. The elimination of the SDFS program in 2010 was a huge mistake and will reverse years of progress in reducing youth drug use and violence. The result will be an increase in the number of youth who use drugs, commit crime, drop out of school and have trouble finding good jobs. This will cost all of us much more than what we are currently spending on prevention programs.

Other data used to point to the need for continued funding for prevention programs in Montgomery County include the recent highly publicized traffic fatalities involving County youth under the age of 18 and statistics from the Maryland State Department of Education which reported that Montgomery County had the highest number of alcohol-related suspensions and second highest number of drug-related suspensions in the State during the 2009-2010 school year.

Children of parents enrolled in substance abuse treatment need support. The chaotic environments of some of these families can place children at risk for adverse social, emotional, familial, and academic consequences. Studies across the nation demonstrate that parental behavior can increase or decrease risk factors for their children.

Even during these difficult economic times, Montgomery County government has been generous in their support of behavioral health programs and the Advisory Council is extremely appreciative to the County Executive and the County Council for their support in maintaining services.

We would also like to thank DHHS Director Uma Ahluwalia for continuing to meet with the Boards, Commissions, and Councils to keep us informed of important health and human services issues; Richard Kunkel, Adult Addiction Services Manager, and the Addictions Management staff for their outstanding support in providing the AODAAC with the resources needed to assist the Advisory Council in its work. This report is the result of our combined efforts.

D'Artyanyon Yarborough, Chair

AODAAC MEMBERSHIP 2010-2011

Voting Members

OFFICERS

D'Artanyon Yarborough,
Chair, Multi-Cultural
Diversity

Alan Trachtenberg,
Co-Vice Chair, Substance
Abuse Prevention

Patricia Sullivan, Co-Vice
Chair, Business

MEMBERS

Sambhu Banik, Treatment
Public

Steve Coulter, General
Public

Ed Hsu, General Public

Lee Jansky, General Public

Julie Kiltz, Student

Caroline Lee, Treatment

A.J. Mitchell, General
Public

Larry Simmons, General
Public

Eric Sterling, Legal

Damon Stevenson, Relative
of a Recipient of Care

James Sutton, Individual in
Recovery

Joseph Wakanhala, General
Public

Roni White, PTA



A BIG THANKS...

We want to thank Dorothy Moore for her hard work and tireless efforts on behalf of Montgomery County's Substance Abuse Prevention Program. We wish her well in retirement.

Ex-Officio Members

Richard Kunkel — Montgomery Co. Dept. of Health and Human Services

Dr. Mary Wilson — Montgomery Co. Public Schools

Suzy Malagari — Department of Correction and Rehabilitation

Emily DeTitta and Melissa Romeo — Department of Liquor Control

Elizabeth Arnold — Mental Health Advisory Committee

Capt. Thomas Didone — Montgomery County Police Dept.

Health & Human Services Resource Staff

Angela Talley — Juvenile Justice Services

Dorothy Moore — Substance Abuse Prevention

Hardy Bennett — Criminal Justice Behavioral Health Services

Catherine McAlpine — Behavioral Health Community Support Services

Larry Gamble — Outpatient Addiction and Mental Health Services

Tracey Butler — HHS Staff Liaison

MEETINGS

Meetings are generally held the second Thursday of each month, September through June, 7:00 pm-9:00 pm, at 401 Hungerford Dr., 1st Floor Conference Center, Rockville, MD 20850. All meetings are open to the public and the Advisory Council welcomes visitors. Please call 240-777-4392 for any schedule or location changes.



AODAAC 2010-2011 HIGHLIGHTS



September 15, 2010 – Annual Recovery Month Event

Approximately 150 people attended AODAAC's Montgomery County celebration of National Recovery Month. The event was held at Earle B. Wood Middle School in Rockville. Speakers included: Mr. Cliff Crosby, former NFL Super Bowl winner, Mr. Arthur Prescott, Member of South Carolina State University Football Hall of Fame and Mr. Elmo Briggs, Director of Kolmac Clinic. County Executive Isiah Leggett presented proclamations to Avery House for Women & Children and the Lawrence Court Halfway House. Individuals in recovery shared their stories.

September 23, 2010 – Presentation to the County Council's Health & Human Services Committee

The AODAAC presented their policy priorities for FY11 which included: Maintaining the County's current levels of substance abuse treatment for adults and adolescents and protecting substance abuse prevention services.

October 14, 2010 Meeting

AODAAC Chair, D'Artanyon Yarborough attended the quarterly Boards, Commissions, and Committees (BCC meeting with HHS Director, Uma Ahluwalia. The BCCs discussed the importance of collaborating with other boards and commissions and noted that a common theme among the boards was in regards to children. AODAAC members discussed the work plan for the year. Issues decided: Mental Health Court, analysis of police demographic data, prevention programs that focus on children and the increase in opiate use among 18-25 year olds. Legal Representative Eric Sterling is updating the AODAAC's bylaws to include AODAAC's responsibilities as the local drug and alcohol council for the State.

November 10, 2010 Meeting

Members discussed current concerns about new drink "Four Loko" - caffeine and beer mix, 12% alcohol. A motion was made that the Prevention Committee make recommendations to present to state and local authorities. Clinical Director at Maryland Treatment Centers, Meghan Westwood reported that Avery Road Treatment Center has seen a significant increase in opiate and heroin use among 18-25 year olds. Suzy Malagari, Deputy Warden from the Montgomery Co. Correctional Facility reported that the jail is following the same trend. Eric Sterling drafted a letter requesting police arrest demographic data. Since there is currently not enough support to advocate for a mental health court, the Criminal Justice Behavioral Health Initiative is working on a proposal for a Mental Health Diversion Pilot. The Substance Abuse Prevention office received \$10K from the state to do a local strategic plan, collect data, and make decisions on what prevention will look like in Montgomery County.

December 9, 2010 Meeting

Maryland Treatment Centers reported that they are developing a specialty outpatient program for young adults (18-25) who may not be doing well in traditional programs. AODAAC members discussed ways of getting out information about the increase in youth opiate use to parents, school officials, and staff. It was reported that Four Loko is taking the caffeine out of this drink. K2/Spice—the DEA has banned it for 1 year while the drug is being studied. Members discussed collecting data in regards to the Sunday liquor sales pilot program. Substance Abuse Prevention reported a concern that many schools did not apply for funding for Post Prom activities.

January 13, 2011— Annual Public Forum

The Forum was held at the Executive Office Building. Keynote Speaker & Honoree: Former County Council-member Duchy Trachtenberg. Special Guest Speaker: Leah Edgecombe. Miss Edgecombe spoke about how at age 15 she suffered a heroin overdose after her first and only use which caused traumatic brain injury and as a result is quadriplegic. Miss Edgecombe wants to get her message out and share her story to MCPS students to inform them on how dangerous heroin is but is having difficulty getting through the red tape. She spoke on how heroin is not discussed at the schools and there is a complete lack of substance abuse prevention programs offered to students.

The bi-annual Montgomery County Strategic Plan for Alcohol and Drug Abuse was submitted to the State January 2011.

AODAAC 2010-2011 HIGHLIGHTS



February 10, 2011 Meeting

Kathie Durbin from the Dept. of Liquor Control discussed their Annual Report, Sunday liquor sales, alcohol regulation and control. Former Safe and Drug Free Schools (SDFS) Director, Rita Rumbaugh presented the MCPS "Safety at a Glance Survey" and requested that the AODAAC support a \$125K Substance Abuse and Mental Health Services Administration (SAMHSA) grant that will provide prevention activities that have been lost since SDFS stopped operations.

February 10, 2011—Presentation to the County Executive Isiah Leggett for Budget FY 2011

Representative of the General Public Ed Hsu presented AODAAC's budget priorities at the meeting with the County Executive. Priorities include: Maintaining the County's continuum of substance abuse treatment and prevention services. Proposed solutions: Increase county pricing on alcoholic beverages and allocate a percentage of the net profit to fund County treatment and prevention programs as well as supporting a state tax increase on alcoholic beverages to help fund services.

March 10, 2011 Meeting

Jackie Ogg from the Veterans Affairs Commission presented information about the lack of services for the over 50,000 veterans that live in Montgomery County. Athena Morrow, Criminal Justice Diversion Pilot committee member discussed how the pilot will use existing county resources. The program will be short term, will use evidence based practices and the cases will be placed on the stet docket. Admission criteria to the program includes inmates detained for minor, non-violent offenses who suffer from mental health issues or a combination of mental health and substance abuse issues that need clinical intervention and not incarceration. The Harm Reduction committee is working on a resolution based on the Hawaii Opportunity Probation with Enforcement Program (HOPE) to present to the Governor, State Assembly and the State Alcohol and Drug Abuse Council. Updated AODAAC By-Laws were submitted to the Office of the County Executive before being forward to the County Attorney's office. K2/Spice is an ongoing concern among adult and juveniles involved with the criminal justice system.

April 7, 2011—County Council Budget Hearings for FY12

D'Artanyon Yarborough presented to the County Council how current funding reductions would impact the County's continuum of substance abuse treatment services. Mr. Yarborough also spoke about how grateful he was from his own personal experience with county services.

April 14, 2011 Meeting

Behavioral Health & Crisis Services (BHCS) Chief, Raymond Crowel discussed the current HHS budget and BHCS reorganization. Members discussed their concerns about the lack of prevention programs in the schools and ways to work with MCPS.

May 12, 2011 Meeting

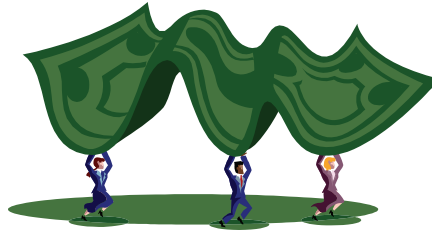
Interviewing and Nominating Committees were chosen for upcoming vacancies and officers. Diana Bernhardt, Director of the Wilkins Ave. Women's Assessment Center reported on lack of housing and barriers to obtain housing for women. Jim Booker, Director of Chase Partnership House discussed housing issues in regards to men.

June 9, 2011 Meeting

Officers were elected for the upcoming year. Chair: Alan Trachtenberg, Co-Vice Chairs: Eric Sterling and Larry Simmons. The AODAAC was invited to participate in the Wells Robertson Recovery Month Event in September. Concerns continued to be raised in regards to the lack of prevention programs in the schools. Capt. Thomas Didone, MCPD reported a drop in Post Prom activities and recent alcohol-related accident fatalities involving teens. New synthetic drug available: Bath Salts.

The bi-annual Montgomery County Strategic Plan for Alcohol and Drug Abuse was submitted to the State July 2011.

AODAAC FY11 BUDGET PRIORITIES



Maintain the County's Continuum of Substance Abuse Treatment Services for Adults and Adolescents

We want to voice our appreciation for the commitment shown in maintaining the current continuum of substance abuse prevention and treatment services and supports to date. We also want to caution that any reduction in funding will seriously compromise current services and supports, and could well harm the community at large. Simply put, the current treatment continuum is operating at a floor that cannot absorb any reductions. **It is important to note that for every \$1.00 that goes into treatment, the public saves \$7.00 in health care and criminal justice related costs.** (1994 CALDATA Study)

Research shows that alternatives to incarceration, such as mental health and substance abuse treatment, and effective after care, are supports through which adults and adolescents can get their lives back on track. The use of scientifically proven interventions in the community with juvenile offenders reduces recidivism by 38 percent and saves \$10 for every taxpayer dollar spent. (*Rehabilitating Juvenile Offenders. The MacArthur Foundation*)

Maintain or Increase Current Substance Abuse Prevention Funding

Funding for the Under 21 Grant program, which provides education and prevention activities in the schools, continues to dwindle and need to increase or maintain current funding because of the demand for substance abuse prevention services in the community.

The Elimination of the MCPS Safe and Drug Free Schools Program (SDFS)

Federal funding for the MCPS, Safe and Drug Free Schools Program was the only source of funding for school-based drug and violence prevention that directly targets youth in grades K-12. Funding was completely eliminated for this program that provided essential services such as; K-12 drug and violence prevention programming, social skills training, peer mediation, student assistance, parent education and school and community partnerships. These cuts were a huge mistake and will reverse years of progress in reducing youth drug use and violence. The result will be an increase in the number of youth who use drugs, commit crime, drop out of school and have trouble finding good jobs. This will cost all of us much more than what we are currently spending on prevention programs.

Currently, there is:

- **NO** gang prevention or awareness for school staff or parents' seminars in targeted communities
- **NO** gang prevention community forums or early intervention for gang-related behaviors among students
- **NO** youth violence/ bullying prevention community and school seminars
- **NO** alcohol and other drug prevention/ intervention staff development
- **NO** student assistance programs at secondary schools
- **NO** awareness/ drug policy development with non-public school staff
- **NO** continued professional development courses in juvenile justice for school staff
- **NO** continued professional development courses for staff working with children affected by family drug abuse and addiction



MONTGOMERY COUNTY RECOVERY MONTH CELEBRATION

SEPTEMBER 15, 2010 5:00 pm—8:00 pm
Earle B. Wood Middle School
14615 Bauer Drive, Rockville, MD 20853

This year's *National Alcohol and Drug Addiction Recovery Month* theme, "*Join the Voices for Recovery: Now More Than Ever!*" celebrates people in recovery, those who serve them, and their families. *Recovery Month* will:

- ◇ Educate individuals about the effectiveness of treatment services and the possibility of recovery, and encourage colleagues, family members and friends to remain supportive throughout the treatment and recovery process.
- ◇ Celebrate people's endeavors in recovery and the experience of those close to them.
- ◇ Educate public and community leaders about the benefits of investing in addiction treatment and recovery.

SPEAKERS

County Executive Isiah Leggett

Councilmember Duchy Trachtenberg

E.T. "Moe" Briggs, NCC, LCPC, LSATP, MAC

Cliff Crosby and Arthur Prescott - Former Football Greats

**LIVE ENTERTAINMENT * DOOR PRIZES * REFRESHMENTS *
RESOURCE TABLES**

Substance Abuse and Addiction In Montgomery County: How Are We Doing?

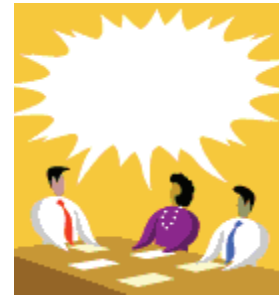
Thursday, January 13, 2011

7 PM – 9 PM

Executive Office Building (EOB)

101 Monroe St, Auditorium

Rockville, MD 20850



AODAAC Annual Public Forum

The Alcohol and Other Drug Abuse Advisory Council of Montgomery County

Keynote Speaker and Honoree: The Honorable Duchy Trachtenberg

Special Guest Speaker: Leah Edgecomb

AODAAC is the citizen advisory board to the Montgomery County Government regarding alcohol and other drugs. It provides guidance to government leaders about public policy and service programs.

The Council holds an annual forum to hear the public's suggestions, concerns, criticisms and kudos of the county government's efforts in this area. Time will be reserved for unscheduled speakers to voice their thoughts.

- ♦ **citizens in recovery from addiction**
- ♦ **families confronting substance abuse problems**
- ♦ **charities and other non-profit organizations struggling with community needs**
- ♦ **parents, educational organizations, or student groups, and**
- ♦ **other concerned citizens.**

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the maryland poison center's monthly update. news. advances. information.

February 2011

"Bath Salts" (MDPV)

A new synthetic drug known as "bath salts" has arrived on the drug scene. It's being sold over the internet and in convenience stores, gas stations, gift shops, tobacco stores and other local establishments under such brand names as "Ivory Wave", "Vanilla Sky", "Red Dove", "Zoom", "Bloom", "Cloud Nine", "Blue Silk", "Ocean Snow", "White Lightening", "Scarface" and "Hurricane Charlie". The packages are labeled "bath salts" and "not for human consumption" but are being promoted and used as cocaine substitutes. They sell for approximately \$15-\$50 for a small bag or jar. There are reports that other products containing the same drug are being sold as "insect repellent" or "plant fertilizer". Poison centers in the U.S. received 291 calls on "bath salts" and related products/drugs in all of 2010, but answered 318 calls in the first five weeks of 2011. Many of the initial cases were concentrated in a few states such as Louisiana, Florida and Kentucky, but poison centers in 33 states and the District of Columbia have also received calls. So far, the Maryland Poison Center has received fewer than five calls concerning "bath salts".

The most common substance identified in these products is 3,4-methylenedioxypyrovalerone (MDPV), a norepinephrine and dopamine reuptake inhibitor that produces amphetamine-like effects. Other substances such as mephedrone and derivatives of cathinone, all stimulants, reportedly may be found in the products. Most of the cases presenting to emergency departments involve snorting the powder, but the drug can also be ingested, smoked or injected. Users have developed tachycardia, hypertension, agitation, delirium, paranoia and psychosis. There have been several cases in which users have attempted to inflict injury on themselves or others. The agitation and delirium may persist for days and could require large doses of benzodiazepines.

At this time, "bath salts" and MDPV are legal in most states. Louisiana and Florida were the first states to enact emergency legislation to classify MDPV as Schedule 1 and ban the products. Legislators in other states have introduced bills to make them illegal. A federal bill to ban bath salts is likely to be introduced.



Lisa Booze, PharmD, CSPI
Maryland Poison Center
University of Maryland School of Pharmacy

DID YOU KNOW THAT... the ban on "bath salts" in some states has resulted in fewer cases being reported to poison centers?

The Louisiana poison center alone has received more than 200 calls on "bath salts". The number of calls to that center dropped immediately after the emergency action took effect on January 6, 2011. They handled only 11 calls about "bath salts" in January after the ban, including eleven days in a row without a single call. Emergency departments and law enforcement agencies also reported significantly fewer cases after the legislative ruling. Likewise, a decrease in poison center calls in Florida has been seen after instituting legislative action there.



Post and share this edition of **tox|tidbits** with your colleagues. Send any comments or questions to: **tox|tidbits**, 410.706.7184 (fax) or Lbooze@rx.umaryland.edu.

If you do not wish to receive faxes or emails from the Maryland Poison Center, call 410.706.7604 or circle your fax number and fax this back to 410.706.7184.

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www.drugabuse.gov

National Institute on Drug Abuse • National Institutes of Health • U.S. Department of Health & Human Services



Spice

“Spice” is used to describe a diverse family of herbal mixtures marketed under many names, including K2, fake marijuana, Yucatan Fire, Skunk, Moon Rocks, and others. These products contain dried, shredded plant material and presumably, chemical additives that are responsible for their psychoactive (mind-altering) effects. While Spice products are labeled “not for human consumption” they are marketed to people who are interested in herbal alternatives to marijuana (cannabis). Spice users report experiences similar to those produced by marijuana, and regular users may experience withdrawal and addiction symptoms.

Spice mixtures are sold in many countries in head shops, gas stations, and via the Internet, although their sale and use are illegal throughout most European countries. Easy access has likely contributed to Spice’s popularity.

How Is Spice Abused?

Some Spice products are sold as “incense” but resemble potpourri rather than popular, more familiar incense products (common forms include short cones or long, thin sticks). Like marijuana, Spice is abused mainly by smoking. Sometimes Spice is mixed with marijuana or is prepared as an herbal infusion for drinking.

What Are the Health Effects of Spice Abuse?

Presently, there are no studies on the effects of Spice on human health or behavior. A variety of mood and perceptual effects have been described, and patients who have been taken to Poison Control Centers in Texas report symptoms that include rapid heart rate, vomiting, agitation, confusion, and hallucinations.

Public Health Concerns

Marketing labels often make unverified claims that Spice products contain up to 3.0 grams of a *natural* psychoactive material taken from a variety of plants. While Spice products do contain dried plant material, chemical analyses of seized spice mixtures have revealed the presence of synthetic (or designer) cannabinoid compounds.* These bind to the same cannabinoid receptors in the body as THC (delta-9-tetrahydrocannabinol), the primary psychoactive component of marijuana. Some of these compounds, however, bind more strongly to the receptors, which could lead to a much more powerful and unpredictable effect. Notably, these compounds have not been fully characterized for their effects and importantly, their toxicity, in humans.

Because the chemical composition of the various products sold as Spice is unknown, it is likely that some varieties also contain substances with dramatically different effects than those expected by the user. There is also concern about the presence of harmful heavy metal residues in Spice mixtures. However, without further analyses, it is difficult to determine whether these concerns are justified.

Legal Status

The U.S. Drug Enforcement Administration (DEA) recently banned five synthetic cannabinoids by placing them in Schedule I status under the Controlled Substances Act. Schedule I status means that the substance is considered to have a high potential for abuse and no known medical benefits; and as such, it is illegal to possess or sell products that contain the substance. This ban went into effect December 2010, and will continue for 1 year while the DEA continues to gather information about the chemicals.

A number of States have also instituted bans on Spice and Spice-like products and/or synthetic cannabinoid-containing products, and many others are considering legislation forbidding the sale or possession of Spice.

Other Information Sources

For more information on Spice and Spice-like products, see Understanding the ‘Spice’ phenomenon, which was produced by the European Monitoring Centre for Drugs and Drug Addiction: <http://www.emcdda.europa.eu/publications/thematic-papers/spice>.

ALCOHOL TAX HIKE PASSES MARYLAND HOUSE COMMITTEE

ANNAPOLIS – Maryland's sales tax on alcohol would climb to 9 percent starting July 1 under a plan approved Saturday by the House of Delegates tax-setting committee.

The move would raise \$87 million for the state. Members of the Ways and Means Committee voted to send \$15 million to the Developmental Disabilities Administration and use \$47.5 million for school construction. Another \$21 million was previously earmarked in the state budget for schools, contingent on the alcohol tax increase.

If approved by the full House and the Senate, the legislation would represent a major victory by health and education advocates, who have seen their efforts to raise alcohol taxes rebuffed for decades by the powerful state liquor lobby.



The Senate had previously approved a bill that would increase the sales tax on alcohol by 1 percent per year, from the state's standard 6 percent until it hit 9 percent.

"This is the rip the Band-Aid off approach," Del. Bill Frick, D-Montgomery, said of the House plan. "We've heard desperate needs to fund the developmental disabilities waiting list."

Lawmakers spoke of the need for new school buildings around the state.

Del. Melvin L. Stukes, D-Baltimore, said the city hasn't seen a new school built in more than four decades.

"Some of those are in such bad condition, we wouldn't let our canines go into them, and that's a fact," he said.

Others, however, worried that raising the sales tax would make Maryland liquor stores, bars and restaurants less competitive with their counterparts in Pennsylvania, Virginia and other surrounding jurisdictions.

"This bill will substantially hurt businesses in my district, in my part of the state," said Del. Kathryn L. Afzali, R-Frederick.

Del. Joseph C. Boteler III, R-Baltimore County, said that raising the sales tax only for alcohol would open the floodgates for similar special increases in other areas.

"I don't think we vetted that part of the bill," he said.

The alcohol tax increase has evolved from what was proposed at the beginning of the legislative session in January and in years past. Those proposals called for a 10-cent per drink increase in the excise tax.

Beer and wine excise taxes were set in 1972 — beer at 9 cents per gallon and wine at 40 cents. The liquor tax was last changed in 1955, when it was raised to \$1.50 per gallon.

The 10-cent increase would have raised more than \$210 million.

Vincent DeMarco, president of the Maryland Citizens' Health Initiative and the driving force behind the 10-cent legislation, said Saturday's vote was still a win.

"We're thrilled they're going to 3 percent now," he said. "That's a great public health victory for Maryland."

The Daily Record

Posted: 5:01 pm Sat, April 9, 2011, By Nicholas Sohr, Daily Record Business Writer



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Justice Policy Center

DRUG COURTS CAN REDUCE SUBSTANCE USE AND CRIME, FIVE-YEAR STUDY SHOWS, BUT EFFECTIVENESS HINGES ON THE JUDGE

WASHINGTON, D.C., July 18, 2011 -- Proponents of the adage that one person can change the world need look no farther than the country's nearly 1,400 adult drug courts, which couple substance-abuse treatment with close judicial supervision in lieu of incarceration.

The most extensive study of drug courts -- a five-year examination of 23 courts and six comparison jurisdictions in eight states -- found that these court programs can significantly decrease drug use and criminal behavior, with positive outcomes ramping upward as participants sensed their judge treated them more fairly, showed greater respect and interest in them, and gave them more chances to talk during courtroom proceedings.



"Judges are central to the goals of reducing crime and substance use. Judges who spend time with participants, support them, and treat them with respect are the ones who get results," said the Urban Institute's Shelli Rossman, who led the research team from the Institute's Justice Policy Center, the Center for Court Innovation, and RTI International.

Drug court participants who had more status hearings with the judge and received more praise from the judge later reported committing fewer crimes and using drugs less often than those who had less contact and praise. Court programs whose judges exhibited the most respectfulness, fairness, enthusiasm, and knowledge of each individual's case prevented more crimes than other courts and prevented more days of drug use. And, when drug court participants reported more positive attitudes toward their judge, they cut drug use and crime even more.

While drug court costs are higher than business-as-usual case processing, they save money, the study determined, by significantly reducing the number of crimes, re-arrests, and days incarcerated. Drug courts save an average of \$5,680 per participant, returning a net benefit of \$2 for every \$1 spent.

The entire paper is available in PDF format: <http://www.urban.org/uploadedpdf/412353-multi-site-adult-drug-court.pdf>

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The Urban Institute is a nonprofit, nonpartisan policy research and educational organization that examines the social, economic, and governance challenges facing the nation. It provides information, analyses, and perspectives to public and private decision-makers to help them address these problems and strives to deepen citizens' understanding of the issues and tradeoffs that policymakers face.

MONTGOMERY COUNTY CONTINUUM OF CARE

ADULT TREATMENT SERVICES

Access to Behavioral Health Services 255 Rockville Pike, Suite 145, Rockville ✕ Substance Abuse, 240-777-4710/Mental Health 240-777-1770 Responsible for intake, assessment, referral and case management services to Montgomery County's Adult Alcohol and Drug Treatment Continuum of Care, whether voluntary or court ordered. Services also include children and adult mental health intake and eligibility assessment, Residential Services Management, Urine Monitoring, Walk-in Intake, and Intensive Day Treatment programs.

PROGRAMS	TYPE/ LENGTH OF STAY
Level I Outpatient Addiction Treatment Providers: Suburban Hospital, Outpatient Addiction Services, Journeys for Adults, Journey to Self Understanding, Family Health Center	Outpatient - 1-3 times per week/6 months
Outpatient Addiction Services Journeys Program for Women	Intensive Outpatient - 9+ hours per week/9-18 months
Avery Road Combined Care	Intensive Outpatient - 20+ hours per week/9-18 months
Outpatient Addiction Services – Methadone Maintenance	Outpatient - 5 days week/Ongoing
Jail Addiction Services	Confined - 8-9 week treatment program
Avery Road Treatment Center	Non-Hospital Detoxification 3-5 days
Montgomery General Hospital	Hospital Detoxification 1-5 days
Avery Road Treatment Center	Intermediate Care – residential treatment 21-28 days
Lawrence Court Halfway House	Residential - 3-6 mos.
Avery House for Women & Children	Residential - 6-9 mos.
Avery Road Combined Care (Co-Occurring Disorders)	Residential - 6-18 mos.
Second Genesis	Residential - 6-9 mos.

CHILD & ADOLESCENT TREATMENT SERVICES

Child and Adolescent Outpatient Mental Health Services 8818 Georgia Ave., Silver Spring. 240-777-1450. Provides family-focused outpatient services to children and adolescents with mental health, addiction or behavioral problems who have Medicaid or no health insurance. **Juvenile Justice Services 240-777-1106 ✕ 7300 Calhoun Pl., Suite 600, Rockville.** Provides coordination and support services for all juvenile justice activities within the Department of Health and Human Services. **Screening and Assessments for Children and Adolescents (SASCA) 240-777-1430 ✕ 7300 Calhoun Pl., Suite 600, Rockville.** Screening and assessment for children and adolescents in need of addiction and mental health services.

PROGRAMS	TYPE/LENGTH OF STAY
Substance Abuse Screening for Children and Adolescents (SASCA)	Assessment: 2x week for 4-6 weeks Drug and Alcohol Education: 2 sessions/4 hrs. and 6 sessions/9hrs.
KHI Services and Suburban	Outpatient - 6 months
Journeys	Intensive Outpatient - 5 days a week; approximately 20 hrs. a week
State funded and operated programs	Same as Outpatient provided in a 24-hr. live-in setting.
Access to full resources of an acute care hospital or psychiatric hospital.	Planned regimen of 24-hour medically-directed evaluation, care, and treatment.

DRUG AND ALCOHOL RESOURCE LINKS

Alcohol and Other Drug Abuse Advisory Council (AODAAC) Website

County Website:

<http://www.montgomerycountymd.gov/hhstmpl.asp?url=/content/hhs/BoardsAndCommissions/AODAAC.asp>

State of Maryland Alcohol and Drug Abuse Administration (ADAA)

www.maryland-adaa.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.samhsa.gov

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

www.niaaa.nih.gov

National Institute on Drug Abuse (NIDA)

www.nih.nida.gov

Center for Substance Abuse Research (CESAR)

www.cesar.umd.edu

Parents – The Anti-Drug

www.theantidrug.com

National Organization on Fetal Alcohol Syndrome (NOFAS)

www.nofas.org

Substance Abuse Prevention Provides community education, outreach, information and technical assistance. Program areas include: alcohol, tobacco and other drug abuse prevention; HIV prevention; injury prevention; Five-A-Day nutrition education; and smoking cessation. Contact: 240-777-1116. Address: 7300 Calhoun Place, #600, Rockville, MD 20855.

Looking for substance abuse treatment? The State Alcohol and Drug Abuse Administration's (ADAA) online Resource Directory is a complete listing of all certified treatment programs in Maryland. The directory is searchable by location (county, address, and/or zip code), level of service (inpatient, outpatient, IOP, etc.), populations served, and "other services" such as DWI education and/or treatment, co-occurring disorder services, court assessment, etc. Go to the ADAA website at: www.maryland-adaa.org, click on Community Services, then go to the ADAA Treatment Locator Resource Directory or call 410-402-8600.

Department of Liquor Control, Outreach Office Provides alcohol education and youth alcohol prevention to both the community and to alcohol licensed businesses, as well as outreach, information and technical assistance. Program areas include: youth alcohol prevention; adult host responsibility and alcohol law and regulation training and information. Telephone: 240-777-1904. Address: 16650 Crabbs Branch Way, Rockville, MD 20852.

dlc@montgomerycountymd.gov

Maryland State Dept. of Education—2009 Maryland Youth Risk Behavior Survey The 2009 Maryland YRBS addresses the following ten major health concerns: Injury and Violence, Bullying and Harassment, Suicide, Tobacco Use, Alcohol Use, Other Drug Use, Physical Activity, Nutrition, Overweight and Obesity, and Protective Factors

http://www.marylandpublicschools.org/NR/rdonlyres/707B5FB5-9A0C-4A06-A741-92D16DC7B2E7/25214/Maryland_2009_YRBS_Report.pdf

HOW TO CONTACT YOUR LOCAL OFFICIALS



Isiah Legett

The County Executive can be reached at:

Executive Office Building
101 Monroe St., 2nd Floor
Rockville, MD 20850
240-777-2500 (V)
240-777-2544 (TTY)
ocemail@montgomerycountymd.gov



The County Council can be reached at:

100 Maryland Avenue
Rockville, MD 20850
240-777-7900 (V)
240-777-7914 (TTY)
240-777-7888 (FAX)
County.Council@montgomerycountymd.gov

Montgomery County Council: Seated, left to right: Roger Berliner, Valerie Ervin, Nancy Floreen and George Leventhal. Standing: Hans Riemer, Craig Rice, Marc Elrich, Nancy Navarro and Phil Andrews.

ALCOHOL AND OTHER DRUG ABUSE ADVISORY COUNCIL

401 Hungerford Drive, 4th Floor
Rockville, MD 20850

Contact: Tracey Butler, HHS Staff Liaison 240-777-4392

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Easy Access to Information about all Montgomery County, Health & Human Services

Main County Information Line: Call 311 "To Get It Done"

Dept. of Health & Human Services Main Phone: 240-777-1245 / TTY: 240-777-1295

Richard Kunkel, Behavioral Health Treatment Services 240-777-1310

Hardy Bennett, Outpatient Behavioral Health Services for Adults 240-777-1671

Nicki Drotleff, Outpatient Behavioral Health Services for Children & Adolescents 240-777-4241

Larry Gamble, Specialty Behavioral Health Services for Adults 240-777-1444

Angela Talley, Forensic Services 240-777-1493

Substance Abuse Prevention 240-777-1116